



## Decrease the rate of opioid use disorder and reduce deaths by focusing on preventing opioid overuse, increasing access to treatment, and targeting improvements through data analysis.

- The CMS Opioid Strategy focuses on three key areas to empower patients with the information they need to make the best health care decisions for themselves and their families through:
  - Prevention: preventing and reducing opioid use disorder (OUD) by promoting safe opioid prescribing and encouraging non-opioid pain treatments;
  - o **Treatment:** increasing access to evidence-based treatment for OUD; and
  - Data: leveraging data to target prevention and treatment efforts and to support fraud, waste, and abuse detection.
- CMS will work to encourage the safe prescribing of opioids, improve access to OUD treatment, and leverage innovative waiver authorities to expand treatment options for vulnerable beneficiaries.
- Prevention and treatment efforts addressing misuse, overuse and over-prescribing of opioids will help reduce hospitalizations, Emergency Department visits, and family crises associated with the epidemic.

## Our actions have delivered results

- As of May 2019, CMS approved 22 state Medicaid 1115 demonstrations to improve access to substance use disorder treatment, which includes opioid use disorder treatment, including new flexibility to cover inpatient and residential treatment.
- Created 2 new innovative model programs to focus on coordinating and increasing access to treatment for vulnerable populations: children and pregnant women.
- Sponsored second national opioid summit for State Medicaid Agencies in partnership with SAMHSA and CDC. The conference, in September 2018, focused on best practices, lessons learned, and innovative approaches to address the opioid epidemic.
- Held 10 stakeholder sessions with over 60 external groups to solicit feedback on a broad range of tactics and creative solutions to address the opioid epidemic.
- Implemented new Part D policies:
  - Improved safety alerts for pharmacists to review when opioid prescriptions are filled at the pharmacy, such as for beneficiaries who have not received opioids recently or who are receiving high levels of prescription opioids, and
  - Drug management programs to better coordinate care for beneficiaries who use opioids from multiple prescribers and pharmacies